

CORRECTED

**PERSONAL FINANCIAL DISCLOSURE**

**"TIER 2"**

**LSA-R.S. 42:1124.2**

☒ ORIGINAL REPORT

☐ AMENDED REPORT

☐ I hold an office that would require a filing under Tier 2.1 or Tier 3. If this box is checked, filer must complete Schedule L.

This Report Covers Calendar Year 209 \_\_\_\_\_

Full Name of Filer: Robert R. Adley \_\_\_\_\_

Office Held or Position Sought Senate District 36

Mailing Address: 611 Jessie Jones Drive

Street

Benton

City

Louisiana

State

Apt. #

71006

Zip Code

Full Name of Spouse: Claudia H. Adley

Spouse's Occupation: Co-Owner, Pelican Gas Managment, Inc.

Spouse's Principal Business Address, if any:

611 Jessie Jones Drive

Street

Benton

City

Louisiana

State

Suite #

71006

Zip Code

Select One: ☒ (A) I certify that I have filed my federal income tax return for the previous year.

☐ (A) I certify that I have filed for an extension of my federal income tax return for the previous year.

Select One: ☒ (B) I certify that I have filed my state income tax return for the previous year.

☐ (B) I certify that I have filed for an extension of my state income tax return for the previous year.

**CERTIFICATION OF ACCURACY**

**I do hereby certify that the information contained in this personal financial disclosure form is true and correct to the best of my knowledge and belief.**

  
Signature of Filer

Sworn to and subscribed before me this 13<sup>th</sup> day of May, 2010.

  
Notary Public

Printed Name: Gleann Koepf

ID# La Bar #61813

Commission Expires life

**SCHEDULE A**  
**EMPLOYMENT INFORMATION**

☐ Check if Not Applicable

Please disclose the name of the employer, job title, a brief description of the job description for each full-time or part-time employment position held by the individual or spouse.

<input checked="" type="checkbox"/> Filer <input type="checkbox"/> Spouse			<input checked="" type="checkbox"/> Full-time <input type="checkbox"/> Part-time		
Employer Name <u>Pelican Gas Management, Inc.</u>			Job Title <u>President, Co-Owner</u>		
Employer Address <u>611 Jessie Jones Drive</u>					
Street				Suite #	
<u>Benton</u>		<u>Louisiana</u>		<u>71006</u>	
City		State		Zip Code	
Job Description <u>President, all managerial responsibilities</u>					
<hr/>					
<input type="checkbox"/> Filer <input checked="" type="checkbox"/> Spouse			<input checked="" type="checkbox"/> Full-time <input type="checkbox"/> Part-time		
Employer Name <u>Pelican Gas Management, Inc.</u>			Job Title <u>Treasurer, Co-owner</u>		
Employer Address <u>611 Jessie Jones Drive</u>					
Street				Suite #	
<u>Benton</u>		<u>Louisiana</u>		<u>71006</u>	
City		State		Zip Code	
Job Description <u>Management and accounting</u>					
<hr/>					
<input type="checkbox"/> Filer <input type="checkbox"/> Spouse			<input type="checkbox"/> Full-time <input type="checkbox"/> Part-time		
Employer Name _____			Job Title _____		
Employer Address _____					
Street				Suite #	
_____		_____		_____	
City		State		Zip Code	
Job Description _____					
<hr/>					
<input type="checkbox"/> Filer <input type="checkbox"/> Spouse			<input type="checkbox"/> Full-time <input type="checkbox"/> Part-time		
Employer Name _____			Job Title _____		
Employer Address _____					
Street				Suite #	
_____		_____		_____	
City		State		Zip Code	
Job Description _____					

**SCHEDULE B**  
**POSITIONS - BUSINESS**

☐ Check if Not Applicable

The name, address, brief description, nature of association, and the amount of interest in each business in which you or your spouse is a director, officer, owner, partner, member, or trustee, AND in which you or your spouse, either individually or collectively, owns an interest which exceeds ten percent of that business.

**Note: For this page ONLY, the "amount of interest" must be reported as a percentage figure.**

<input type="checkbox"/> Filer <input type="checkbox"/> Spouse <input checked="" type="checkbox"/> Both	Amount of Interest   100   %
Name of Business <u>Pelican Gas Management, Inc</u>	
Address <u>611 Jessie Jones Drive</u>	
Street	Suite #
<u>Benton</u>	<u>Louisiana</u>
City	State
<u>71006</u>	Zip Code
Business Description <u>Manages the purchase, transport and balancing of natural gas supplies for parish and municipally owned gas distribution systems in Louisiana</u>	
Nature of Association <u>President and Co-owner; spouse-Treasurer and Co-owner</u>	
<input type="checkbox"/> Filer <input type="checkbox"/> Spouse <input checked="" type="checkbox"/> Both	Amount of Interest   100   %
Name of Business <u>Pelican Energy Management, Inc</u>	
Address <u>611 Jessie Jones Drive</u>	
Street	Suite #
<u>Benton</u>	<u>Louisiana</u>
City	State
<u>71006</u>	Zip Code
Business Description <u>No longer operating</u>	
Nature of Association <u>President and Co-owner, Spouse-Treasurer and Co-owner</u>	
<input type="checkbox"/> Filer <input type="checkbox"/> Spouse <input checked="" type="checkbox"/> Both	Amount of Interest   100   %
Name of Business <u>ABCO Petroleum Corporation</u>	
Address <u>611 Jessie Jones Drive</u>	
Street	Suite #
<u>Benton</u>	<u>Louisiana</u>
City	State
<u>71006</u>	Zip Code
Business Description <u>No longer operating</u>	
Nature of Association <u>Owner and President, Spouse-Treasurer</u>	

**SCHEDULE B**  
**POSITIONS - BUSINESS**

☐ Check if Not Applicable

The name, address, brief description, nature of association, and the amount of interest in each business in which you or your spouse is a director, officer, owner, partner, member, or trustee, AND in which you or your spouse, either individually or collectively, owns an interest which exceeds ten percent of that business.

**Note: For this page ONLY, the "amount of interest" must be reported as a percentage figure.**

<input checked="" type="checkbox"/> Filer <input type="checkbox"/> Spouse <input type="checkbox"/> Both	Amount of Interest    0    %
Name of Business <u>Circle R Drilling</u>	
Address <u>1000 American Tower</u>	
Street	Suite #
<u>Shreveport</u>	<u>71101</u>
City	State
<u>Louisiana</u>	Zip Code
Business Description <u>No Longer Operating</u>	
Nature of Association <u>No Longer Associated</u>	

  

<input type="checkbox"/> Filer <input type="checkbox"/> Spouse <input type="checkbox"/> Both	Amount of Interest       %
Name of Business _____	
Address _____	
Street	Suite #
_____	_____
City	State
_____	Zip Code
Business Description _____	
Nature of Association _____	

  

<input type="checkbox"/> Filer <input type="checkbox"/> Spouse <input type="checkbox"/> Both	Amount of Interest       %
Name of Business _____	
Address _____	
Street	Suite #
_____	_____
City	State
_____	Zip Code
Business Description _____	
Nature of Association _____	

**SCHEDULE C**  
**POSITIONS - NONPROFIT**

☐ Check if Not Applicable

The name, address, brief description of, and nature of association with a nonprofit organization in which you or your spouse is a director or officer.

<input type="checkbox"/> Filer <input checked="" type="checkbox"/> Spouse		
Name of Organization <u>Old State Capitol Foundation Board</u>		Nature of Association <u>Preservation of the Old State Capitol</u>
Address <u>100 North Boulevard</u>		
Street <u>Baton Rouge</u>		Suite # <u></u>
City <u></u>	State <u>Louisiana</u>	Zip Code <u>70801</u>
Organization Description <u>Supports the preservation of the Old State Capitol Building</u>		
<hr/>		
<input type="checkbox"/> Filer <input type="checkbox"/> Spouse		
Name of Organization <u></u>		Nature of Association <u></u>
Address <u></u>		
Street <u></u>		Suite # <u></u>
City <u></u>	State <u></u>	Zip Code <u></u>
Organization Description <u></u>		
<hr/>		
<input type="checkbox"/> Filer <input type="checkbox"/> Spouse		
Name of Organization <u></u>		Nature of Association <u></u>
Address <u></u>		
Street <u></u>		Suite # <u></u>
City <u></u>	State <u></u>	Zip Code <u></u>
Organization Description <u></u>		

**SCHEDULE D**  
**INCOME FROM THE STATE, POLITICAL SUBDIVISIONS,**  
**AND/OR GAMING INTERESTS**

☐ Check if Not Applicable

The name, address, type, and amount of each source of income received by you or your spouse, or by any business in which you or your spouse, either individually or collectively, owns an interest which exceeds ten percent of that business, which is received from any of the following:

- the state or any political subdivision (see instructions for examples) as defined in Article VI of the Constitution of Louisiana;
- services performed for or in connection with a gaming interest as defined in R.S. 18:1505.2L(3)(a).

**Note: For this page ONLY, the "amount of income" must be reported as an exact dollar figure.**

<input type="checkbox"/> Filer <input type="checkbox"/> Spouse <input checked="" type="checkbox"/> Business		Amount of Income \$ 0
Name of Business, if applicable <u>Pelican Gas Management, Inc.</u>		<i>Gross Income received by Pelican 390,264 - Net after Operating \$ 0</i>
Name of Source of Income <u>Louisiana Municipal Natural Gas Authority</u>		
Type of Income: <input type="checkbox"/> State <input checked="" type="checkbox"/> Political Subdivision <input type="checkbox"/> Gaming Interest		
Address <u>800 North 10th Street</u>		
Street	Suite #	
<u>Baton Rouge</u>	<u>Louisiana</u>	<u>70801</u>
City	State	Zip Code

  

<input checked="" type="checkbox"/> Filer <input type="checkbox"/> Spouse <input type="checkbox"/> Business		Amount of Income \$ <u>15,627</u>
Name of Business, if applicable _____		
Name of Source of Income <u>Senate</u>		
Type of Income: <input checked="" type="checkbox"/> State <input type="checkbox"/> Political Subdivision <input type="checkbox"/> Gaming Interest		
Address <u>PO Box 94183</u>		
Street	Suite #	
<u>Baton Rouge</u>	<u>LA</u>	<u>70804</u>
City	State	Zip Code

  

<input type="checkbox"/> Filer <input type="checkbox"/> Spouse <input type="checkbox"/> Business		Amount of Income \$ <u>16,496</u>
Name of Business, if applicable _____		
Name of Source of Income <u>Louisiana State Employees Retirement System</u>		
Type of Income: <input checked="" type="checkbox"/> State <input type="checkbox"/> Political Subdivision <input type="checkbox"/> Gaming Interest		
Address <u>P.O. Box 44213</u>		
Street	Suite #	
<u>Baton Rouge</u>	<u>Louisiana</u>	<u>70804</u>
City	State	Zip Code

**SCHEDULE E**  
**INCOME RECEIVED FROM EMPLOYMENT**

☐ Check if Not Applicable

Please disclose the name and address of the employer that provides income, job title, a brief description of the nature of services rendered and the amount of income for each full-time or part-time employment position held by the individual or spouse.

**INCOME SHALL BE REPORTED BY CATEGORY.**

**DO NOT INCLUDE INFORMATION WITH RESPECT TO INCOME DISCLOSED ON SCHEDULE D.**

**INCOME RECEIVED THROUGH SELF-EMPLOYMENT SHALL BE DISCLOSED ON SCHEDULE F.**

<input type="checkbox"/> Filer <input type="checkbox"/> Spouse		I    II    III    IV
<input checked="" type="checkbox"/> Full-time <input type="checkbox"/> Part-time		Amount of Income: <input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/>
Employer Name Pelican Gas Management, Inc		Job Title
Employer Address 611 Jessie Jones Drive		
Street		Suite #
Benton	Louisiana	71006
City	State	Zip Code
Nature of services rendered pursuant to the employment		
Natural Gas Management		

  

<input type="checkbox"/> Filer <input checked="" type="checkbox"/> Spouse		I    II    III    IV
<input checked="" type="checkbox"/> Full-time <input type="checkbox"/> Part-time		Amount of Income: <input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/>
Employer Name Pelican Gas Management, Inc		Job Title Treasurer
Employer Address 611 Jessie Jones Drive		
Street		Suite #
Benton	Louisiana	71006
City	State	Zip Code
Nature of services rendered pursuant to the employment		

  

<input type="checkbox"/> Filer <input type="checkbox"/> Spouse		I    II    III    IV
<input type="checkbox"/> Full-time <input type="checkbox"/> Part-time		Amount of Income: <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
Employer Name		Job Title
Employer Address		
Street		Suite #
City	State	Zip Code
Nature of services rendered pursuant to the employment		

**SCHEDULE F**  
**INCOME FROM BUSINESS INTERESTS**

☐ Check if Not Applicable

The name and address of all businesses which provide income to you or your spouse, including a brief description of the nature of services rendered for each business or the reason such income was received, and the aggregate amount (in value ranges by category) of such income, excluding income reported in another section of this report.

**DO NOT INCLUDE INFORMATION WITH RESPECT TO INCOME DISCLOSED ON SCHEDULES D AND/OR E.**

I    II    III    IV

Aggregate Amount of Income received from the business interests listed on Schedule F: ☐ ☐ ☒ ☐

<input checked="" type="checkbox"/> Filer <input type="checkbox"/> Spouse			
Name of Business <u>Pelican Gas Management, Inc</u>			
Address <u>611 Jessie Jones Drive</u>			
Street		Suite #	
<u>Benton</u>	<u>Louisiana</u>	<u>71006</u>	
City	State	Zip Code	
Description of services rendered for the business or a reason the income was received:			
<u>Rental Income and Profit from business</u>			

  

<input type="checkbox"/> Filer <input checked="" type="checkbox"/> Spouse			
Name of Business <u>Pelican Gas Management, Inc</u>			
Address <u>61 1 Jessie Jones Drive</u>			
Street		Suite #	
<u>Benton</u>	<u>Louisiana</u>	<u>71006</u>	
City	State	Zip Code	
Description of services rendered for the business or a reason the income was received:			
<u>Rental Income and Profit from business</u>			

  

<input type="checkbox"/> Filer <input type="checkbox"/> Spouse			
Name of Business _____			
Address _____			
Street		Suite #	
_____	_____	_____	
City	State	Zip Code	
Description of services rendered for the business or a reason the income was received:			
_____			



**SCHEDULE G  
OTHER INCOME**

☐ Check if Not Applicable

A description of any other type of income, exceeding \$1,000 received by the individual or spouse, including a brief description of the nature of the services rendered or the reason such income was received, and the amount of income (**in value ranges by category**), excluding income reported in another section of this report.

**Note:** Do NOT include income derived from child support and alimony payments contained in a court order OR from disability payments from any source. **DO NOT INCLUDE INFORMATION WITH RESPECT TO INCOME DISCLOSED ON SCHEDULES D, E and/or F.**

<input type="checkbox"/> Filer <input checked="" type="checkbox"/> Spouse	<div style="display: flex; justify-content: space-around;"><span>I</span><span>II</span><span>III</span><span>IV</span></div> <div style="display: flex; justify-content: space-between;"><span>Amount of Income:</span><div style="display: flex; gap: 10px;"><input type="checkbox"/><input checked="" type="checkbox"/><input type="checkbox"/><input type="checkbox"/></div></div>
Description of Income	
Trail Commissions from insurance products	
Description of service rendered or the reason the income was received:	
Retired insurance agent	

  

<input checked="" type="checkbox"/> Filer <input type="checkbox"/> Spouse	<div style="display: flex; justify-content: space-around;"><span>I</span><span>II</span><span>III</span><span>IV</span></div> <div style="display: flex; justify-content: space-between;"><span>Amount of Income:</span><div style="display: flex; gap: 10px;"><input type="checkbox"/><input type="checkbox"/><input type="checkbox"/><input checked="" type="checkbox"/></div></div>
Description of Income	
Distribution from Charitable Remainder Trust	
Description of service rendered or the reason the income was received:	
Grantor and Beneficiary of Charitable Remainder Trust	

  

<input type="checkbox"/> Filer <input checked="" type="checkbox"/> Spouse	<div style="display: flex; justify-content: space-around;"><span>I</span><span>II</span><span>III</span><span>IV</span></div> <div style="display: flex; justify-content: space-between;"><span>Amount of Income:</span><div style="display: flex; gap: 10px;"><input type="checkbox"/><input type="checkbox"/><input type="checkbox"/><input checked="" type="checkbox"/></div></div>
Description of Income	
Distribution from Charitable Remainder Trust	
Description of service rendered or the reason the income was received:	
Grantor and Beneficiary of Charitable Remainder Trust	

**SCHEDULE G  
OTHER INCOME**

☐ Check if Not Applicable

A description of any other type of income, exceeding \$1,000 received by the individual or spouse, including a brief description of the nature of the services rendered or the reason such income was received, and the amount of income (**in value ranges by category**), excluding income reported in another section of this report.

**Note:** Do NOT include income derived from child support and alimony payments contained in a court order OR from disability payments from any source. **DO NOT INCLUDE INFORMATION WITH RESPECT TO INCOME DISCLOSED ON SCHEDULES D, E and/or F.**

<input checked="" type="checkbox"/> Filer <input type="checkbox"/> Spouse	I    II    III    IV Amount of Income: <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
Description of Income	
Oil and Gas Working Interest Income	
Description of service rendered or the reason the income was received:	
Working interest from oil and gas properties in which an interest is owned	

  

<input type="checkbox"/> Filer <input type="checkbox"/> Spouse	I    II    III    IV Amount of Income: <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
Description of Income	
Description of service rendered or the reason the income was received:	

  

<input type="checkbox"/> Filer <input type="checkbox"/> Spouse	I    II    III    IV Amount of Income: <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
Description of Income	
Description of service rendered or the reason the income was received:	

**SCHEDULE H  
IMMOVABLE PROPERTY**

☐ Check if Not Applicable

A brief description, fair market value or use value ( **in value ranges by category** ) as determined by the assessor for purposes of ad valorem taxes, and the location of the property by state and parish or county of each parcel of immovable property in which you or your spouse, either individually or collectively, has an interest provided that the fair market value or use value as determined by the assessor exceeds \$2,000.

<input type="checkbox"/> Filer <input type="checkbox"/> Spouse <input checked="" type="checkbox"/> Both	I   II   III   IV
Location of property:	Value of Property: <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/>
Country <u>USA</u>	State <u>Louisiana</u>
Parish/County <u>Bossier</u>	
Property Description:	
<u>Home, Office Building and 8 acres of land</u>	

  

<input type="checkbox"/> Filer <input type="checkbox"/> Spouse <input checked="" type="checkbox"/> Both	I   II   III   IV
Location of property:	Value of Property: <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/>
Country <u>USA</u>	State <u>Louisiana</u>
Parish/County <u>Bossier</u>	
Property Description:	
<u>Investment Property for future development</u>	

  

<input type="checkbox"/> Filer <input type="checkbox"/> Spouse <input checked="" type="checkbox"/> Both	I   II   III   IV
Location of property:	Value of Property: <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/>
Country <u>USA</u>	State <u>Louisiana</u>
Parish/County <u>Bossier</u>	
Property Description:	
<u>Rural Timber Acreage</u>	

# **SCHEDULE I** **INVESTMENT HOLDINGS**

☐ Check if Not Applicable

The name and a brief description of each investment security having a value exceeding \$5,000 held by you or your spouse, excluding variable annuities, variable life insurance, variable universal life insurance, whole life insurance, any other life insurance product, mutual funds, education investment accounts, retirement investment accounts, government bonds, and cash or cash equivalent investments. (NOTE: Exclude any information concerning any property held and administered for any person other than you or your spouse under a trust, tutorship, curatorship, or other custodial instrument.)

Individual, Spouse, or Both	Name of Security	Description
<input type="checkbox"/> Filer <input type="checkbox"/> Spouse <input checked="" type="checkbox"/> Both	Regency Energy partners	Stock purchased through Merrill Lynch
<input type="checkbox"/> Filer <input type="checkbox"/> Spouse <input checked="" type="checkbox"/> Both	San Juan B RTY Trust	Stock in Limited partnership purchased through Merrill Lynch
<input type="checkbox"/> Filer <input type="checkbox"/> Spouse <input type="checkbox"/> Both		
<input type="checkbox"/> Filer <input type="checkbox"/> Spouse <input type="checkbox"/> Both		
<input type="checkbox"/> Filer <input type="checkbox"/> Spouse <input type="checkbox"/> Both		
<input type="checkbox"/> Filer <input type="checkbox"/> Spouse <input type="checkbox"/> Both		
<input type="checkbox"/> Filer <input type="checkbox"/> Spouse <input type="checkbox"/> Both		
<input type="checkbox"/> Filer <input type="checkbox"/> Spouse <input type="checkbox"/> Both		
<input type="checkbox"/> Filer <input type="checkbox"/> Spouse <input type="checkbox"/> Both		
<input type="checkbox"/> Filer <input type="checkbox"/> Spouse <input type="checkbox"/> Both		

## SCHEDULE J TRANSACTIONS

☐ Check if Not Applicable

A brief description, amount (**in value ranges by category**), and date of any purchase or sale, in excess of \$5,000, of any immovable property AND of any personally owned tax credit certificates, stocks, bonds, or commodities futures, including any option to acquire or dispose of any immovable property or of any personally owned tax credit certificates, stocks, bonds, or commodities futures. (NOTE: Exclude variable annuities, variable life insurance, variable universal life insurance, whole life insurance, any other life insurance product, mutual funds, education investment accounts, retirement investment accounts, government bonds, cash or cash equivalent investments.)

Individual, Spouse, or Both	Transaction Date	Description of Transaction	Amount			
<input type="checkbox"/> Filer <input type="checkbox"/> Spouse <input checked="" type="checkbox"/> Both	October 2009	Movie Tax Credits	I <input type="checkbox"/>	II <input checked="" type="checkbox"/>	III <input type="checkbox"/>	IV <input type="checkbox"/>
<input type="checkbox"/> Filer <input type="checkbox"/> Spouse <input type="checkbox"/> Both			I <input type="checkbox"/>	II <input type="checkbox"/>	III <input type="checkbox"/>	IV <input type="checkbox"/>
<input type="checkbox"/> Filer <input type="checkbox"/> Spouse <input type="checkbox"/> Both			I <input type="checkbox"/>	II <input type="checkbox"/>	III <input type="checkbox"/>	IV <input type="checkbox"/>
<input type="checkbox"/> Filer <input type="checkbox"/> Spouse <input type="checkbox"/> Both			I <input type="checkbox"/>	II <input type="checkbox"/>	III <input type="checkbox"/>	IV <input type="checkbox"/>
<input type="checkbox"/> Filer <input type="checkbox"/> Spouse <input type="checkbox"/> Both			I <input type="checkbox"/>	II <input type="checkbox"/>	III <input type="checkbox"/>	IV <input type="checkbox"/>
<input type="checkbox"/> Filer <input type="checkbox"/> Spouse <input type="checkbox"/> Both			I <input type="checkbox"/>	II <input type="checkbox"/>	III <input type="checkbox"/>	IV <input type="checkbox"/>
<input type="checkbox"/> Filer <input type="checkbox"/> Spouse <input type="checkbox"/> Both			I <input type="checkbox"/>	II <input type="checkbox"/>	III <input type="checkbox"/>	IV <input type="checkbox"/>
<input type="checkbox"/> Filer <input type="checkbox"/> Spouse <input type="checkbox"/> Both			I <input type="checkbox"/>	II <input type="checkbox"/>	III <input type="checkbox"/>	IV <input type="checkbox"/>
<input type="checkbox"/> Filer <input type="checkbox"/> Spouse <input type="checkbox"/> Both			I <input type="checkbox"/>	II <input type="checkbox"/>	III <input type="checkbox"/>	IV <input type="checkbox"/>
<input type="checkbox"/> Filer <input type="checkbox"/> Spouse <input type="checkbox"/> Both			I <input type="checkbox"/>	II <input type="checkbox"/>	III <input type="checkbox"/>	IV <input type="checkbox"/>

**SCHEDULE K  
LIABILITIES**

☐ Check if Not Applicable

The name and address of each creditor, and name of each guarantor, if any, to whom you or your spouse owes any liability which exceeds \$10,000 on the last day of the reporting period.

NOTE: Exclude the following:

- any loan secured by movable property, if such loan does not exceed the purchase price of the movable property which secures it;
- any liability, secured or unsecured, which is guaranteed by you or your spouse for a business in which you or your spouse owns any interest, provided that the liability is in the name of the business and, if the liability is a loan, that you or your spouse does not use proceeds from the loan for personal use unrelated to business;
- any loan by a licensed financial institution which loans money in the ordinary course of business;
- any liability resulting from a consumer credit transaction as defined in R.S. 9:3516(13); and,
- any loan from an immediate family member, unless such family member is a registered lobbyist, or his principal or employer is a registered lobbyist, or he employs or is a principal of a registered lobbyist, or unless such family member has a contract with the state.

☒ Filer   ☐ Spouse

Name of Creditor Dalric Beauregard:Owner Financed Land purchase

Address 905 Modica Street

Street

Suite #

Bossier City

Louisiana

71112

City

State

Zip Code

Name of Guarantor (if any) \_\_\_\_\_

☐ Filer   ☒ Spouse

Name of Creditor Same as above

Address \_\_\_\_\_

Street

Suite #

City

State

Zip Code

Name of Guarantor (if any) \_\_\_\_\_

☐ Filer   ☐ Spouse

Name of Creditor \_\_\_\_\_

Address \_\_\_\_\_

Street

Suite #

City

State

Zip Code

Name of Guarantor (if any) \_\_\_\_\_

☐ Check if Not Applicable

**NAME OF POSITION OR OFFICE HELD:**

Member MILITARY FAMILY ASSISTANCE BOARD